Counterplan Text: Rehabilitation ought to be valued above retribution in the United States criminal justice system for moderate risk offenders only.

Rehab solves recidivism best when only treating moderate risk offenders.

**O’Donnell 11**[[1]](#footnote-1)

Current research indicates that CBT is most successful (using the correctional understanding of success, which is a decrease in recidivism and cost) when there is a low proportion of dropouts, and when treatment is directed at interpersonal problems, anger control and social skills in a participatory group setting. Additionally, **the correctional system** (and for purposes of this paper, the United States Probation Office for DC) **would enjoy the greatest** cost-efficiency and **reduction of recidivism by excluding those** who are unable or **very unlikely to work within this framework.** Those **offenders who are** relatively **low-risk for recidivism** and low-need for treatment **have the ability to work within other means** to combat criminal thinking, and are thus arguably not cost effective to recommend for treatment. Offenders who are high-risk are by defining risk as likelihood for recidivating, high need as well. However, these **high risk** and high need **offenders are those who** find themselves **cycl[e]**ing **in and out of the** correctional **system and proving to be** the **most resistant to change** as well**.** As a result of their resistance to change, they are also the most significant drain on resources and thus, these high-risk and high-need offenders are the least cost-effective for treatment. Resultantly, **those** who are **of moderate risk** and need **are** those who are **most likely to** experience considerable **change from treatment and** use this change in behavior to **avoid offending in the future.**

Risk-evaluation is accurate. **O’Donnell 11**[[2]](#footnote-2)

**The** attached **assessment mechanism** works to encapsulate this moderate risk/need group while excluding the other two (high risk/need, and low risk/need). As mentioned, it **accomplishes this goal by measuring** both **static and dynamic risk scores.** It is proposed that high scores above the range on this mechanism (over 69 points) will indicate a high risk/need offender, while low scores (below 47) will indicate a low risk/need offender. Both of these populations should not be recommended for treatment. As research suggests, an offender who falls within the moderate range will be the most likely to benefit and should therefore be recommended for CBT. Static risk factors are: the total number of prior felony convictions and probation/parole revocations, age at first known conviction or adjudication, nature of offense, mental health diagnosis, interpersonal manipulation, and history of family abuse/neglect/trauma. The number of probation/parole revocations as well as the age at first known conviction or adjudication are known to be significantly correlated with an offender’s likelihood of recidivating and commonly used as such in other correctional assessments such as the Client Risk and Need Assessment Survey for the Probation & Parole Division of the Department of Corrections. Nature of offense, mental health diagnosis and interpersonal manipulation are designed to relate to specific offender characteristics that present as serious conflicts with aspects of CBT treatment. While offenders with violent offenses should be a focus of treatment in the interest of reducing recidivism, offenses that are pedophilic and/or sexual in nature, as well as those which are particularly Running head: OFFENDER PLACEMENT 14 grotesque are the behaviors of offenders who have serious impairments in psychological functioning. These impairments are both extremely resistant to change as well as best treated with other forms of therapy. Similarly, experts in the field of Psychopath such as Robert Hare have shown that psychopathic offenders are well-recognized as being extremely resistant to therapy (Hare, 1993). This resistance is due to their entrenched personality dysfunction which is almost entirely unlikely to benefit from CBT. The hallmark of these psychopathic individuals- the ability to manipulate others and inability to experience empathy or guilt for their actions, is best highlighted by the static risk factors of mental health diagnosis and interpersonal manipulation. Also, a high degree of family abuse/neglect/trauma is commonly listed as increasing ones likelihood of recidivism as well as the likelihood of relying on poor coping skills and techniques. It is therefore a relevant factor for identifying risk to recidivate as well as the need for CBT as it seeks to restructure thought patterns leading to poor coping skills. Dynamic risk factors are impression of offender’s attitude, environmental conditions, literacy, alcohol/substance abuse, and reasoning/intellectual ability. It is common for CBT programs (including MRT, which is currently the model of choice for the USPO) to employ the use of workbooks and/or journals in helping an offender identify and challenge their attitude and behaviors regarding certain situations. Therefore, offenders who are illiterate or experiencing intellectual deficiencies that inhibit them from functioning independently will have a great deal of difficulty making use of these techniques. These offenders are likewise identified by the dynamic risk factors of literacy and reasoning/intellectual ability. Similarly, offenders who are actively experiencing alcohol or substance abuse issues must seek to combat their addiction prior to their psychological issues. One would truly be hard-pressed to find a competent mental health professional who wouldn’t argue that such individuals should be placed into treatment for Running head: OFFENDER PLACEMENT 15 substance abuse prior to any additional programs. Additionally, impression of offender attitude is included to provide a reading as to whether the offender will eventually be able to accept and embrace CBT’s participatory structure and continual challenging of previously held beliefs and attitudes. Finally, environmental conditions and figures of support have proven integral for an offender’s likelihood to recidivate in the future as well as benefiting from CBT. Though there are undeniably other factors that would provide a read on an offender likelihood of recidivating as well as benefiting from CBT, those listed in this assessment mechanism are most familiar to the mental health and correctional professionals. They have also been tested and relied upon to some extent in a variety of other correctional assessments. To maintain simplicity, there are only three answer choices per item. However, each answer choice encapsulates a range, and all offenders should therefore be able to identify with one of the answer choices. This design allows for uniform applicability for the entire offender population. For additional clarification, officers may turn to the Scoring and Definitions sheet. Moreover, one may reasonably infer that these particular items will provide for both reliability and validity in application- though this certainly in need of empirical testing. Research of CBT suggests that it’s applicability to criminological and deviant behaviors and cognitions led to its widespread adaptation by the correctional system. As the system seeks to reduce recidivism and be cost effective in doing so, the lack of knowledge by professionals in the system regarding appropriate placement of offenders into CBT presents a significant problem. As such, professionals in the correctional system would greatly benefit from a simple, easy to use, and accurate means of determining placement of offenders into CBT. Accordingly, an assessment mechanism is proposed for the United States Probation Office for DC for this very purpose. **The assessment** is simplistic and easy to use in its modeling off other correctional Running head: OFFENDER PLACEMENT 16 assessments that are widely recognized as such. It is similarly short in nature, and consistent with the vast majority of other assessments which utilize measures of static and dynamic risk to determine likelihood for recidivism. However, it **is unique by looking to well-established academic research** findings **to recognize which elements of CBT** practice **have proven most likely to** elicit success in **reduc[e]**ing offender **recidivism and accordingly** choosing to **represent[ing] specific static and dynamic factors that relate to these elements.** In doing so, offenders exhibiting risk factors that are most incompatible with successful elements of CBT, such as high degrees of interpersonal manipulation, illiteracy, or active substance abuse are excluded. Conversely, offenders exhibiting characteristics deemed to be most compatible with successful elements of CBT such as a willing-to-change attitude, ability of functioning independently, or having multiple figures of support, are included. Moreover, this type of screening is both consistent with tried and true correctional practices, and up-to-date research regarding CBT’s applicability to certain criminal populations. As the proposed assessment mechanism is hypothetical in nature, it must be tested empirically for any value judgment to be made of its reliability and validity. Logically, its simplistic nature allows for easy use by a probation officer, though indubitably neglects some variables which would provide for a increase in comprehensiveness. Thus, the assessment mechanism may benefit from expanding the range of static and dynamic risk factors in the future. Most importantly however, the assessment should be tested in the setting for which it was designed- specifically between probation officers and offenders under federal supervision. It should also be tested within a statistically representative population of offenders, many times, with consistency. If these steps are taken, empirical testing will be most valuable and findings regarding the reliability and validity of the mechanism will highlight additional steps to be taken.

1. Melissa O’Donnell General University Honors Faculty Advisor: Dr. Eric Kothari American University Offender Placement into Cognitive Behavioral Therapy: Proposed Assessment Mechanism for use by the United States Probation Office for DC May 3, 2011. http://aladinrc.wrlc.org/bitstream/handle/1961/10047/O'Donnell,%20Melissa%20-%20Spring%20'11.pdf?sequence=1 [↑](#footnote-ref-1)
2. Melissa O’Donnell General University Honors Faculty Advisor: Dr. Eric Kothari American University Offender Placement into Cognitive Behavioral Therapy: Proposed Assessment Mechanism for use by the United States Probation Office for DC May 3, 2011. http://aladinrc.wrlc.org/bitstream/handle/1961/10047/O'Donnell,%20Melissa%20-%20Spring%20'11.pdf?sequence=1 [↑](#footnote-ref-2)